## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L00000013519** 

US

1. Entity Name SAM AT NIX, LLC



Principal Place of Business

125 NIX BOAT YARD ROAD SAINT AUGUSTINE, FL 32084

Mailing Address
125 NIX BOAT YARD ROAD

SAINT AUGUSTINE, FL 32084

US

FILED Feb 12, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3684257 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, DAVID M 339 MARSHSIDE DR., N. ST. AUGUSTINE, FL 32080

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

## Filing Fee is \$50.00 Due by May 1, 2007

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L	9.	MANAGING MEMBERS/MANAGERS
l	TITLE	MGRM
l	NAME	ANDREWS, DAVID M
l	STREET ADDRESS	339 MARSHSIDE DRIVE NORTH
l	CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
ſ	TITLE	MGRM
ļ	NAME	ANDREWS, JUDY D
l	STREET ADDRESS	339 MARSHSIDE DRIVE NORTH
l	CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver true empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

<u> 2/8/07</u>

904-826-1987

Daytima Phone #